FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OIVIB APPR            | OVAL      |
|---|-----------------------|-----------|
| l | OMB Number:           | 3235-0287 |
| l | Estimated average bur | rden      |

F

#### Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940

hours per response: 0.5

| Name and Address of Reporting Person*     Swisher Daniel N JR |  |                     |             |                  |                            | 2. Issuer Name <b>and</b> Ticker or Trading Symbol CORCEPT THERAPEUTICS INC [ CORT ]                           |  |         |  |                                     |     |   |       |                       | ] (Ch   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |                      |   |  |            |  |
|---|--|---------------------|-------------|------------------|----------------------------|--|--|---------|--|-------------------------------------|-----|---|-------|-----------------------|---|---|----------------------|---|--|------------|--|
|   | RCEPT T  | (First) HERAPEUTICS | (Middle)    |                  |                            | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2015  |  |         |  |                                     |     |   |       |                       |   | Office<br>below   | er (give title<br>v) |   | Other (<br>below)  | specify    |  |
| 149 COMMONWEALTH DRIVE  |  |                     |             |                  | 4. 1                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |  |         |  |                                     |     |   |       |                       |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                                   |                      |   |  |            |  |
| (Street)  MENLO PARK CA 94025                                 |  |                     |             |                  |                            |  |  |         |  |                                     |     |   |       |                       |   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person           |                      |   |  |            |  |
| (City)  |  | (State)             | (Zip)       |                  |                            |  |  |         |  |                                     |     |   |       |                       |   |   |                      |   |  |            |  |
|   |  | Tal                 | ole I - Nor | า-Deriv          | ativ                       | e Se   | curit  | ties Ac | quii   | red, D                              | isp | osed o  | f, or | Ben                   | eficiall  | y Owne  | d                    |   |  |            |  |
| Date  |  |                     |             |                  | Date<br>(Month/Day/Year) i |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |         | , T  | Transaction Dispose Code (Instr. 5) |     | ities Acquired (A)<br>d Of (D) (Instr. 3,   |       |                       | Securit<br>Benefic<br>Owned                         | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported                     |                      | vnership<br>n: Direct<br>r Indirect<br>nstr. 4)                         | of Indirect  |            |  |
|   |  |                     |             |                  |                            |  |  |         | c  | Code                                | ,   | Amount  |       | (A) or<br>(D)         | Price   | Transa<br>(Instr. 3   | tion(s)              |   |  | (111501.4) |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                     |             |                  |                            |  |  |         |  |                                     |     |   |       |                       |   |   |                      |   |  |            |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           |  |                     |             | ransa<br>Code (I |                            | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |  | Expi    | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                     |     | 7. Title and Am<br>of Securities<br>Underlying<br>Derivative Sect<br>(Instr. 3 and 4) |       | s<br>Security<br>I 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |   | e<br>s<br>ally<br>g  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |
|   |  |                     |             |                  | Code                       | v  | (A)  | (D)     | Date<br>Exer   | e<br>ercisable                      |     | xpiration<br>ate  | Title |                       | Amount<br>or<br>Number<br>of<br>Shares              |   |                      |   |  |            |  |

### **Explanation of Responses:**

\$6.55

1. Exercisable with respect to 25 percent of the total shares on June 18, 2016 and the remainder will vest ratably on each monthly anniversary thereafter such that the award will be fully vested on June 18, 2019.

(1)

70,000

# Remarks:

Stock

option

/s/ Joseph K. Belanoff, CEO of

70,000

\$0.00

**Corcept Therapeutics** 

Common

stock

06/18/2025

06/22/2015

70,000

D

Incorporated attorney-in-fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/18/2015

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.